START-ODS

SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

Minutes

CLINICAL SERVICES BRANCH STAKEHOLDER WORKGROUP		
Topic	Opioid Treatment Program (OTP) and Medication-Assisted Treatment (MAT) Benefit	
Date	May 26, 2016	
Time	9:30 AM – 12:00 PM	
Venue	Conference Room 8050, Building A-8 1000 South Fremont Avenue, Alhambra, CA 91803	
PARTICIPANTS		
Stakeholders	Aegis Treatment Centers Aegis Treatment Centers Aegis Treatment CentersAVALON CARVER Avalon-Carver Community Center BAART Programs BAART Programs BAART Programs BAART Programs Behavioral Health Services Behavioral Health Services Behavioral Health Services-CASC California Hispanic Commission on Alcohol and Drug Abuse CLARE Foundation CLARE Foundation Clinica Bienestar Clinica Romero Coastal Recovery Center CRI-Help, Inc. Didi Hirsch Psychiatric Service Didi Hirsch Psychiatric Service El Dorado Community Service Center Grandview Foundation, Inc. Helpline Youth Counseling, Inc. Helpline Youth Counseling, Inc. Homeless Health Care Los Angeles Homeless Health Care Los Angeles Los Angeles Centers for Alcohol and Drug Abuse Los Angeles Centers for Alcohol and Drug Abuse Live Again Recovery Homes, Inc. Matrix Institute on Addictions Matrix Institute on Addictions Matrix Institute on Addictions MJB Transitional Recovery Pacific Clinics Phoenix House Prototypes Prototypes Rehoboth Drug and Alcohol Prevention Center Social Model Recovery Services Social Model Recovery Services Southern California Alcohol and Drug Programs, Inc.	Becky Torres Regina Lindner Steve Maulhardt Martha Nelson Daniza Orellana Louie Morales Mahshid Reaves Monique Anderson Candy Cargill-Fuller Jim Gilmore Susan Forrest Natasha G. Medina Diana Cho Jared Friedman Oscar Gutierrez Elaine De Simone Andrea Adams Brandon Fernandez Darin Rorrer Dulce Ruiz Donna Palmer Lindy Carll Jihan Mockridge Lorie Hambelton Erika Aguirre-Miyamoto Stephany Campos Bill Tarkanian Juan Navarro Theodore Herrington Dan George Dara Yomjinda Stephen Rogers Dennis Hughes David Martel Maja Trochimczyk April Wilson Shantal Dominguez Adefemi Adegebesan Bruce Boardman Donald J. Kurth Kimberly Hendrix

	Tarzana Treatment Centers, Inc. Tri City Institute UCLA Integrated Substance Abuse Programs	Jim Sorg Carolyn Perry Sarah J. Cousins
SAPC Staff	Yolanda Cordero, Timothy Dueñas, Michelle Gibson, Kristine Glaze, Tina Kim, Yanira Lima, Julie Lo, Natalie Manns, Holly McCravey, Gregg Murakami, Elizabeth Norris-Walczak, Kevin Ong, Cynthia Rojas-Lopez, Hyunhye Seo, Duy Tran, Gary Tsai, Way Wen	

MEETING PROCEEDINGS

Agenda Items	Discussion
I. Welcome and Introductions	Michelle Gibson, Substance Abuse Prevention and Control (SAPC) Strategic Planning Director, opened the meeting by welcoming all participants and gave an overview on the stakeholder workgroup series. Dr. Gary Tsai, SAPC Medical Director and Science Officer, then introduced himself and asked everyone to introduce themselves and state their respective agencies.
II. Stakeholder Process Overview	Michelle Gibson explained how the stakeholder workgroup process began in fall 2015, and the County's implementation plan was submitted to the California Department of Health Care Services (DHCS) in February 2016. She explained how the plan provides an overarching guideline on how the treatment system will be transformed under the Waiver, and how its details will be developed through the stakeholder workgroup meetings. The workgroup meeting topics included patient flow, beneficiary access line, outpatient/Intensive outpatient services, and residential services. Future workgroups will focus on other levels of care and services, as well as broader topics such as integration of care, network capacity and innovations, and system operations (contracts, finance, information technology). Various SAPC divisions, such as Adult System of Care, (ASOC), Office of the Medical Director and Science Officer, (OMDSO), and Strategic Planning, will facilitate these meetings with support from other SAPC units such as Contract Services Division and Information Technology (IT).
III. Member Expectations and Ground Rules	The expectations of the workgroup members include reviewing the documents in advance and preparing to contribute to the discussion.
IV. Document Review and Discussion	**Dr. Tsai reviewed with the group the Medication-Assisted Treatment (MAT): A Blueprint for Change in Los Angeles County.** - He described how substance use disorders (SUD) are considered a chronic condition, much like diabetes, that requires multi-pronged interventions: long term treatment, continuous patient education/counseling, crisis intervention, and medication assistance, etc. - He stated that the primary goal is for MAT to be a foundational component of SUD treatment. There are barriers identified which needed to be addressed, such as changing the culture surrounding MAT, and increasing the number of MAT providers. SAPC is working with certifying bodies to infuse education on MAT into training curriculum for SUD counselors. - Once SAPC establishes telehealth, medical directors can access and bill for time spent with SUD specialists. - Strategies for expanding MAT include provider and community education, expanding MAT hubs to include OTPs, provider assistance and support for interested clinicians to prescribe MAT, and taking a learning collaborative model so that providers that are interested in expanding MAT learn from each other, especially from the experienced clinicians.

Recommendations

- When advocating for providers, SAPC should be mindful of how the providers would like to use/expand MAT access for their clients through some of the approaches highlighted in the "Blueprint for Change" document.
- Reframe the MAT dialogue to promote patient-centered care by removing provider bias and referring patients to other centers/facilities according to needed care.

Comments

- On-site physical exams and prescription might be a problem when it comes to state audits because SUD treatment centers are not licensed as medical facilities. It is necessary to understand the implications and requirements of Assembly Bill (AB) 848.
- Under the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver, OTP will be able to expand the MAT options they provide, such as including buprenorphine, Vivitrol, and acamprosate.
- It was suggested that the culture surrounding MAT should be shifted from being a short-term option to a long-term one. The goal for MAT seems to be weaning patients off MAT and it may not be suitable for all patients. Dr. Tsai commented that 2-prong approach, i.e., counseling and MAT, should be used. A shift of culture from short-term to long-term may be counterproductive for certain populations and the length of the treatment should be individualized for each patient.
- Onsite physical exams and prescription might be a problem when it comes to State audits because SUD treatment centers are not licensed as medical facilities. It is necessary to understand the implications and requirements of Assembly Bill (AB) 848.

▪ **Questions**

- **Is it true that the treatment plan can be signed by a Licensed Practitioner of the Health Arts (LPHA)?** *Currently the initial treatment plans must be signed by the medical director. If no medication is prescribed, a licensed psychologist can sign an updated treatment plan. LPHA can sign the treatment plans after the implementation of DMC-ODS. Clarification from the State is needed on whether this change also applies to OTP.*

Elizabeth Norris-Walczac, Clinical Psychologist II, read the Medication-Assisted Treatment and Opioid Treatment Program Benefit Narrative, and the workgroup participants had the following recommendations, comments and questions:

Recommendations

- Remove the word "still" from the third paragraph on page 1 because it de-emphasizes the importance of LPHAs in identifying individuals who may benefit from MAT.
- In the same paragraph, remove the words "who express interest and" from the sentence referring to MAT being offered as a treatment option "for all patients who express interest and for whom it may be appropriate". The reason is that some patients may not be aware of MAT as an option, and would therefore not express interest in receiving it. Providers need to discuss MAT with patients and it is the patient's decision on whether to receive MAT.

	- Remove the sentence “Importantly, MAT should not be discontinued without the full cooperation of both the prescriber and the patient” from the top paragraph on page 2 and third paragraph on page 5. There are instances in which it is appropriate to discontinue MAT without the patient’s cooperation. - Remove the words “SAPC developed…” from the *Intake* paragraph on page 5. - County should advocate for residential services to administer medications instead of the current practice of “supervising” patient’s self-administration of their own medications. - Remove “using the SAPC developed” when referring to conducting a Full ASAM Assessment as a component of OTP services, since it has been established that providers may use their own assessments as long as they are approved by SAPC. - Change the word “may” to “will” when including a physical exam as a component of OTP intake services. Sentence will read: “Intake will include a physical exam…” - County should set the minimum standard for the frequency of the drug testing. Currently, for OTPs, 42 CFR requires at least 8 tests per year while Title 9 requires 12 per year. Outpatient services vary from not requiring drug testing (harm reduction – Homeless Care) to urine dipping twice a month, and residential settings average approximately 3 drug tests per week. (Dr. Tsai stated that each level of care and individual patient may have different needs. There will be more discussion in the QI/UM operational workgroup meeting). **Comments** - Complications of MAT at residential facilities include storing the medication and distributing the medications. - In residential treatment, the provider is not administering the medication. The patient self-administers the medication as long as it has a label from the pharmacy with the patient’s name. - There is some concern as to what to do with a patient’s medication if he/she leaves treatment prematurely. - There are costs associated with Vivitrol that are not reimbursable by the state’s current plan, such as case management. - DHCS Form 6010 (Drug Medi-Cal Substance Use Disorder Medical Director/Licensed Substance Use Disorder Treatment Professional/Substance Use Disorder Nonphysician Medical Practitioner Application/Agreement/Disclosure Statement) does not have a section where the applicant can indicate whether he/she will be prescribing MAT. - Providing OTP services in the field or via a mobile clinic will present some challenges (e.g., storage, security – such as minimum two staff) that need to be explored to comply with federal regulations and still expand access. When providing field-based services, the prescriber’s primary clinic sites need to be DMC-certified. However, the prescriber may provide services in other settings such as homeless encampments and still be reimbursed as long at the patient is DMC-eligible. This topic will be discussed in the upcoming field-based services stakeholder workgroup meeting. - Transportation is a paid benefit that may be used to transport a patient from a residential facility to a clinic for MAT. - Currently, OTP intake assessments take 45 minutes to one hour.

- Providers are required to check patient's Medi-Cal eligibility monthly and can presume the patient is eligible until the end of the month.
- Telephonic individual counseling is not permitted currently but will be allowable under the Waiver, although the criteria still needs to be defined.
- Under DMC-ODS, the current requirement to have the initial treatment plan signed by a medical director will likely change. The initial treatment plan may be signed by an LPHA.
- The wording pertaining to physical examination is currently in the process of being changed.
- SAPC can look into setting up an ASAM Continuum software demo for OTP providers.

Questions

- **Will there be a form for providers to submit to SAPC when requesting MAT for youth?**
    - *Yes, SAPC has developed a template for providers to fill out when requesting MAT for youth. The documents required for requesting the initial authorization are the Service Authorization Request Form and assessment information.*
- **Will vaping and e-cigarettes be considered as nicotine replacement therapy?**
    - *Currently, the Department of Public Health's position is that it is premature to recommend vaping and/or e-cigarettes as a treatment option for smoking.*
- **Will Vivitrol be covered by county funding or is it a pharmacy benefit?**
    - *Vivitrol will be covered by county funding for DMC certified providers, when not covered by Fee-for-Service (FFS) Medi-Cal through the medical system. SAPC is currently developing an authorization process for Vivitrol (and potentially other MAT) for DMC providers. FFS Medi-Cal providers will continue to submit a Treatment Authorization Request (TAR) to the State for reimbursement. There are supervised populations that can access MAT through specialty pharmacies. SAPC is not involved in the rate negotiation between the OTPs and the State.*
- **Can County pay for naloxone to be furnished to each provider site for emergency?**
    - *Dr. Tsai affirmed that it is important to have naloxone on site for emergencies and stated that more discussions would take place.*
    - *In addition to all providers, ideally, all patients should have naloxone at home and their family be trained to use it in case of emergencies. Some addiction specialists believe that SUD providers that do not have naloxone on-site and staff trained to administer it, are practicing below the SUD standard of care.*
- **Would SAPC Staff be willing to review a provider's assessment tool to see if it meets DMC standards?**
    - *Dr. Tsai agreed to review the provider's assessment tool and to explore how ASAM would fit into OTP.*

	- **Can the requirement for review of treatment plans be changed from every 30 days to monthly?**
	  - *Dr. Tsai responded that "monthly" can be interpreted differently and may cause confusion. The topic will be revisited in the QI/UM operational workgroup meeting.*
	- **Why does the County require the treatment plan to be completed "upon intake" which is different from the State's requirement?**
	  - *"Intake" can be spread over several sessions, depending on the patient and other factors (e.g., availability of an interpreter).*
	- **Why is LVN (Licensed Vocational Nurse) not included as LPHA?**
	  - *It is the State's promulgated regulation, and LVN's are not explicitly listed. Therefore, SAPC will follow up with the State to verify if LVNs are included.*

V. Next Steps	Additional feedback can be sent to SUDTransformation@ph.lacounty.gov. Meeting notes will be posted online. There are several topics that will be addressed in the future SAPC meetings: field-based services (Stakeholder Workgroup Meeting), minimum standards that the County will require for drug testing, and a required timeframe for reviewing treatment plans (QI/UM Operational Workgroup Meeting).